Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL065011	B. WING		F 09/1	? 7/2015
					03/1	112015
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
SHERWO	SHERWOOD MANOR REST HOME 1605 ROBINHOOD ROAD WILMINGTON, NC 28401					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
{C 000} Initial Comments		{C 000}				
		a Biennial Follow-up Survey Cates and Ed Miller on 5.				
		usly cited deficiencies have and will require further action				
{C 164}	Housekeeping and	Furnishings-Clean, Repaired	{C 164}			
	FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture of	es shall: ings, and floors or floor n and in good repair;				
	keeping walls, ceilir There is a pattern of in need of maintena	et as evidenced by: iled to meet the rule for ngs and floors in good repair. of wall, ceiling, floors and doors ance, and repair including but ic examples as listed below.				
		7/2015 In the side exit door is rotting surface facing is delaminating.				
	Findings from 09/17 No Change	7/2015				
	3. Beauty Parlor a. The wall above the damaged.	ne thru wall HVAC unit is				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: 01		COMPLETED		
		HAL065011	B. WING		F 09/1	₹ 7/2015
NAME OF PROVIDER OR SUPPLIER STREET ADD				STATE, ZIP CODE		
SHERWO	OOD MANOR REST H	OME	INHOOD RO			
OHERW		WILMING	TON, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
{C 164}	Continued From pa	ge 1	{C 164}			
	Findings from 09/17 No Change	7/2015				
	7. Room #3 b. The door to the clatch plate.	corridor is missing its latch and				
	Findings from 09/17 No Change	7/2015				
	9. Room #21 - The scratched.	wall paint is marred and				
	Findings from 09/17 No Change	7/2015				
	11. Large Bath #2 a. The ceramic tile wall.	is cracked at the shower half				
	Findings from 09/17 No Change	7/2015				
		ation the rule is not met as ern ceilings and floors not an condition.				
	A. Finding on 07/17	//2015:				
		s a pattern of floor areas ild up and wax build up of door frames.				
	appears they were	have been waxed recently, it not cleaned properly prior to and other items are				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED			
		A. BUILDING: 01		R				
HAL065011		B. WING		09/17/2015				
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
SHERWO	OOD MANOR REST H	OME	SINHOOD RC TON, NC 28					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL	ROVIDER'S PLAN OF CORRECTION CH CORRECTIVE ACTION SHOULD BE S-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X COMF			
{C 166}	Continued From pa	ge 2	{C 166}					
{C 166}	Housekeeping-Mai	ntained Free of Hazards	{C 166}					
	FURNISHINGS (a) Adult care home (5) be maintained in orderly manner, freshazards;	oe HOUSEKEEPING AND es shall: in an uncluttered, clean and e of all obstructions and apply to new and existing						
	I. Based on observer maintained free from overloaded electrical panel accordance. A. Findings on 07/1 2. Exterior Mechanical panel accordance.	ation the facility is not m from hazards such as al circuits and obstructions to ess. 7/2015: ical Room						
	a. There are items stored in front of the electrical panels.				ļ			
	Findings from 09/1 No Change	7/2015						
(C 189)	Building Equipment	t Maintained Safe, Operating	{C 189}					
	mechanical, and plicare home shall be operating condition (k) This Rule shall facilities with the expension of the condition	11 OTHER and all fire safety, electrical, umbing equipment in an adult maintained in a safe and						

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Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL065011	B. WING R 09/17/2015			
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SHERWOOD MANOR REST HOME 1605 ROBINHOOD ROAD WILMINGTON, NC 28401						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
{C 189}	Continued From pa	ge 3	{C 189}			
	rooms in the facility a pattern of fire safe a safe condition. Fir resistant rated constant maintained coulfacility by allowing five beyond the area of include but are not. A. Findings on 07/1 2. Resdient bedroom or have damaged constant for the safe of the first patterns.	ation of approximately 12 the rule is not met as there is ety systems not maintained in re safety systems such as fire struction assemblies that are d effect all residents of the fire and smoke to spread origin. Specific examples limited to those listed below: 7/2015: ms - Ceiling tiles are warped orners that create gaps at the impromising the fire resistant				
	out, there is evidend most of the existing	7/2015 Ing tiles have been changed the throughout the facility that tiles are warped beyond the intended 1-hour				
	not maintained in a Plumbing that is no	net as evidenced by plumbing safe operating condition. t installed with required safety ent a safety concern for the lity.				
	not have a vacuum	/2015: he hand held rinse wand does breaker to prevent backflow ter into the facility's water				
	Findings from 09/17 No Change	7/2015				

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